Conclusions: The data shows that higher values of faecal calprotectin correspond to an increased degree of mucosal inflammation.

0602: APER IN A DISTRICT GENERAL HOSPITAL – SHOULD WE BE DOING MORE?

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Introduction: Appropriate surgical management of rectal cancer is crucial to survival. The decision for abdominoperineal excision of rectum (APER) goes against surgical inclinations to engineer an anastomosis with a low anterior resection (LAR). Inappropriately optimistic surgical decisions are known to foster high local recurrence rates and poor overall survival. We aimed to inspect the APER rate and outcomes of patients with rectal cancer in our centre.
Methods: A prospectively maintained departmental database was interrogated to determine all patients undergoing AR or APER between 1/1/2008-31/12/2010. Recurrence was identified on post-operative CT scans at 2 years.
Results: Patients underwent an APER 16% n=14 or AR 84% n=69. The overall average age was 71. Male to Female ratio 1.6:1. One of the LAR patients had local recurrence (1.5%) at 2years whilst there was no evidence of recurrence in the APER group. Distant metastases were identified in 14% of the APER group vs. 5.9% in the LAR group. Nil significant difference in recurrence rates (P-value <0.05).
Conclusions: Our centre's APER rate of 16% is favourably comparable to the established literature recommending <30%. The surgical rationale in our unit is supported by the low and comparable risk of recurrence for both LAR and APER at 2 years.

0616: SURGICAL APPROACH TO INFLAMMATORY BOWEL DISEASE IN TAYSIDE, EAST OF SCOTLAND

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Introduction: To investigate the surgical approach to IBD in Tayside and to compare it with literature findings. This will hopefully help to elucidate the gold standard operations in the management of IBD and its true extent in practice.
Methods: 97 patient notes from Medical-Records were systematically reviewed. A standard template was used to collect certain information, e.g. diagnosis, part of bowel affected, surgical treatment, complications, and functional outcome.
Results: The most common type of surgery performed in CD was a right hemicolectomy, RHC (64.9%), followed by a subtotal colectomy, STC (24.6%).Complications such as strictures (18.6%), adhesions (8.1%), perforation (5.4%) and obstruction (5.4%) affected the outcome in RHC, but not STC. With RHC, disease recurrence and re-operation rates were 35.1% and 51.4% respectively compared to 14.2% and 35.7% with STC. UC patients; 92.3% underwent STC-with-end-ileostomy. Following STC, two-thirds had either IPAA (64.7%) or TPC (35.3%). Complications with IPAA included pouchitis (36.4%), sepsis (18.2%), pouch failure (16.7%) and haemorrhage (16.7%), whereas an ileostomy only had wound infection (16.7%).
Conclusions: Segmental resection in CD has been controversial as it carries a higher recurrence-rate but has all the functional benefits of colonic preservation. STC has higher complication rates compared to RHC from sepsis, wound infection and poor stoma function. Despite complications, IPAA still offered the closest thing to faecal continuity without the use of a stoma bag.

0621: ACTIVATED SYSTEMIC INFLAMMATORY RESPONSE AT DIAGNOSIS REDUCES LYMPH NODE COUNT IN COLONIC CARCINOMA

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Introduction: Prognosis following resection for colon cancer improves with higher lymph node yields. Pre-operative markers of systemic inflammation also affect prognosis, a finding largely explained by an immunogenic response to cancer. We hypothesise that lymph node count and systemic inflammatory response (SIR) are linked.
Methods: A prospectively maintained database was interrogated. All patients undergoing curative colonic resection were included. Neutrophil lymphocyte ratio (NLR) and albumin were used as markers of SIR. In keeping with previously studies, NLR >/= 4, Albumin <35 was used as cut off points for SIR. Statistical analysis was performed using 2 sample t-test and chi square tests where appropriate. 302 patients were included for analysis. 195 patients had nlr <4 and 107 had nlr >/= 4.
Results: There was no difference in age, sex or disease stage between groups. Patients with NLR of >/= 4 had lower mean lymph node yields than patients with NLR <4(17.6 +/- 7.1 vs. 19.2 +/- 7.9 (P=0.036)). Patients with hypoalbuminaemia at diagnosis tended towards lower lymph node yields.
Conclusions: Prognosis in colon cancer is intimately linked to the patient's immune response. Assuming standardised surgical technique and sub specialty pathology, lymph node count is reduced when systemic inflammatory response is activated.

0635: DO ELDERLY PATIENTS WITH COLORECTAL CANCER BENEFIT FROM RESECTION? RESULTS FROM A TERTIARY CARE CENTRE

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Introduction: An aging UK population has led to an increase in the number of elderly patients presenting with colorectal cancer. The aim of this study is to evaluate the survival outcome in elderly patients undergoing colorectal resection.
Methods: All patients over the age of 80 years diagnosed with colorectal cancer between January 2009 and December 2011 were identified from the Cancer database. Information about the treatment details was retrospectively obtained from the electronic information system.
Results: During this period, 197 patients aged 80 or above were diagnosed to have colorectal cancer. 96 patients were females and 101 were males. 90 patients did not undergo surgery, 68 had a curative resection, 28 had palliative resection and 11 patients had a defunctioning stoma. The mean survival period decreased with age. Patients who underwent curative resection had the longest survival followed by those with palliative resection and those managed non-operatively (1121, 602 and 44 days respectively). A similar trend was noted when this cohort was stratified according to age.
Conclusions: Elderly patients have an improved survival outcome with resection of a colorectal cancer. We therefore recommend that age should not be a deciding factor when making treatment decisions for elderly population.

0638: TREATMENT OF PRE-OPERATIVE ANAEMIA IN PATIENTS UNDERGOING SURGICAL MANAGEMENT OF COLORECTAL CANCER; A RE-AUDIT

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Introduction: Pre-operative anaemia in colorectal cancer patients is common and poorly treated. Our aim was to re-audit our results after instituting a pre-operative iron infusion programme for elective colorectal cancer patients
Methods: This was a comparative review of patients undergoing elective colorectal cancer surgery in a single institution between 01/08/12 and 31/12/13. Data collected included patients age and sex, tumour location and stage, haemoglobin pre-operatively, type of operation, length of hospital stay, need for post-operative blood transfusion and treatment of anaemia.
Results: 117 patients underwent elective surgical management for colorectal cancer. 39 (33.3%) patients were anaemic pre-operatively; comparable with the original audit: 51/154 (33.6%). 22 (56.4%) of these patients received pre-operative treatment of their anaemia. This represented a significant increase in treatment rates compared with the original audit: 2/51 (4%) (p<0.05). 28 (23.9%) patients required post-operative blood transfusions, 10 (35.7%) of whom were anaemic pre-operatively. There was no difference in blood transfusion requirement between anaemic and non-anaemic patients (25.6% vs. 23.1%; p= 0.759) or between treated and untreated pre-operative anaemia (35.3% vs. 18.2%; p=0.282).
Conclusions: Treatment of pre-operative anaemia in this institution has improved significantly. The introduction of a dedicated pre-operative intravenous iron infusion service has been beneficial.